## CALFRESH REQUEST FOR POLICY INTERPRETATION

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INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Retain a copy for your records and submit via email to CalFresh-PI@dss.ca.gov.

Please note: the policy interpretation provided is based on the unique set of facts presented and should not be assumed to apply in all scenarios.

1.	RESPONSE NEEDED DUE TO:  Policy/Regulation Interpretation			O RESPONSE BY: 27/2017
	☑ QC	on morprotention	6. COUNTY/ORGANIZATION: Los County Quality Control	
	U Other:		7. SUBJECT: Sample Month Fluctuating / Irre	gular Pay Frequency
2.	REQUESTOR NAME:		8. REFERENCES: (Include ACL/ACIN, court co NOTE: All requests must have a regulation	ases, etc. in references) on cite(s) and/or a reference(s).
3.	PHONE NO.:	EMAIL:	FNS 310 - 1013.4 FNS 310 - 1013.5	
4.	REGULATION CITE(S): FNS 310		FNS 310 - 1063.1	

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

The Customer filed an initial CalFresh / SNAP application. The Customer reported receiving Unemployment Insurance Benefits (UIB). UIB is paid out on a bi-weekly basis. The UIB bi-weekly amount of \$200 was converted / factored to \$433.40 (\$200 x 2.167) by the County. QC agreed. However, based on the FNS 310 references, QC unsure how to convert / factor the income if it is fluctuating / irregular in the sample month. Question #1: The sample month is the second month of aid; QC wants to ensure FNS 1063.1 guidelines only apply to Change Reporting. Question #2: How should QC convert / factor the following actual sample month income derived from UIB.

## 10. REQUESTOR'S PROPOSED ANSWER:

Period End Date 10/27	Pay Date 11/1	Gross \$100
11/3	11/15	\$200
11/10	11/15	\$200
11/17	11/22	\$50
11/24	11/29	\$150 Total = \$700

FNS 1013.4: Use \$700 / 2 x 2.167 = \$758.45, since the County converted / factored the income

FNS 1013.5: Use Actual \$700, since the income is fluctuating / irregular

## 11. STATE POLICY RESPONSE (CFPB USE ONLY):

FNS 310, Section 1063 state that procedures in this section apply to households that are required to report changes greater than \$100 in the total monthly earned income. Per section 726, under simplified reporting, HHs are only required to report changes related to income that cause the household's actual ongoing gross monthly income to exceed 130% of the poverty income guideline for the HH size. Therefore, Section 1063.1 does not apply to semi-annual reporting households.

Sections 1013.4 and 1013.5 define the income type. QC is required to apply CA's policy regarding the conversion of income.

	FOR CDSS USE	
DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:	
		PAGE 1

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CALFRESH REQUEST FOR POLICY INTERPRETATION (Continued)			NTERPRETATION (Continued)		
1.	RESPONSE NEEDE Policy/Regu	D DUE TO: ulation Interpretation	5. DATE OF REQUEST: NEED RESPONSE BY:		
☐ QC ☐ Other:			6. COUNTY/ORGANIZATION:		
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2.	REQUESTOR NAME	Ē:	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).		
3.	PHONE NO.:	EMAIL:	×		
4.	REGULATION CITE	(S):			

FNS 310, Section 1013.4 states that conversion is a process used to change income received weekly or bi-weekly to a monthly amount. When reviewing to this section, QC will apply CA's policy. Per ACL 12-25, a full month's income received weekly or bi-weekly must be converted to a monthly amount.

In this scenario, the HH received weekly UIB payments, except for the week of November 8th, a payment was not issued to the HH; therefore, the HH did not receive a full month's income. Per FNS 310, Section 621, Comparison I is based on actual circumstances for the sample month under review. In Comparison I, QC will count actual income received in the sample month, because the HH did not receive a full month's income.

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